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CONFIRMATION NO. 8618

<b>SERIAL NUMBER</b> 10/613,975	<b>FILING OR 371(c) DATE</b> 07/03/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> CSI 130	
<b>APPLICANTS</b> Donald L. Wise, Belmont, MA; Debra J. Trantolo, Princeton, MA; David D. Hile, Medford, MA; Stephen A. Doherty, Newmarket, NH;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/393,777 07/03/2002 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/15/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <u>K.S.</u> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23579					
<b>TITLE</b> Vaccines to induce mucosal immunity					
<b>FILING FEE RECEIVED</b> 449	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		